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CONFIRMATION NO. 1319

SERIAL NUMBER 10/822,217	FILING OR 371(c) DATE 04/09/2004 RULE	CLASS 424	GROUP ART UNIT 1615	ATTORNEY DOCKET NO. 2013.2002-001
APPLICANTS Antoine Kaldany, Chestnut Hill, MA; ** CONTINUING DATA ***** This appln claims benefit of 60/463,891 04/17/2003. ** FOREIGN APPLICATIONS ***** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 06/22/2004				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		STATE OR COUNTRY MA	SHEETS DRAWING 3	TOTAL CLAIMS 26
INDEPENDENT CLAIMS 5				
ADDRESS 21005				
TITLE Vascular graft device				
FILING FEE RECEIVED 590	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	